MARYLAND STATE DEPARTMENT OF HEALTH

12090

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Centreville. COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) LIDA (Middle) J. (Last) ANDERSON

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: April 13-1861

9. AGE last birthday: 88 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Queen Anne Co., Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Reid

14. MOTHER'S MAIDEN NAME: Sarah Jane Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT: Mary P. Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6-, 1949, to 12/6, 1949, that I last saw the deceased alive on 12/6, 1949, and that death occurred at 7.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher M.D. Centreville Md. 12/9-49

23. BURIAL CREMATION REMOVAL (Specify): Burial | DATE: Dec 11-49 | NAME OF CEMETERY OR CREMATORY: Church Hill | LOCATION (City, town, or county) (State): Church Hill Md

DATE REC'D BY LOCAL REG. 12/9/49 | REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Edgar L Lane | ADDRESS: Church Hill Md

VS. A15

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12091

CERTIFICATE OF DEATH

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Anne

City or town: Rural Queenstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Rural Queenstown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: World War II

3.(a) FULL NAME: Irwin Eugene Bailey

3.(b) Social Security Number: 219-14-3300

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Ruth Bailey

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 27, 1925

8. AGE: Years	Months	Days	If less than one day
24	8	3	hrs. min.

9. Birthplace: Hillsboro, Md
(Town, county, and state)

10. Usual occupation: Painter

11. Industry or business

FATHER — 12. Name: Howard J. Bailey

13. Birthplace: Queen Anne, Md.

MOTHER — 14. Maiden name: Jesse Weddle

15. Birthplace: Baltimore, Md.

16. Informant: Jesse Rene

Address: Queenstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3-50 (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Hillsboro, Maryland

18. Funeral director: Barton Bros

Address: Centreville, Maryland

19. Jan. 2 1950 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 30 1949 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27 1949, to Dec 30 1949 and that I last saw h... alive on Dec 29 1949

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: William C. Lane M.D.
M. D. or other

Address: Queenstown, Md Date signed: 12-30-49

RECEIVED
JAN 6 1950
BUREAU V. S.

12092

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Stevensville Corner
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington R. F. D. Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) (Last) Coffman
4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 19 49
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH: Aug 31-1919
9. AGE last birthday: 30 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Geo. L. Coffman
14. MOTHER'S MAIDEN NAME: Laura Bradford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no.
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Geo L. Coffman (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned to death
916.0 Antecedent cause(s) Her home burned & she was trapped
180 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) in house & died in flames.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
PLACE (Home, ~~farm, factory, street,~~ OF ~~office bldg., etc.~~ INJURY) (CITY OR TOWN) Millington R.F.D. (COUNTY) Queen Anne's (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Home burned

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS Centreville Md DATE SIGNED 12-5-49
W. Henry Fisher M.D. Deputy Med Exam for 2. a Co. Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 10, 1949	Feldeis Cemetery	near Millington	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 8 1949	Edward Fellows.	Edward Fellows	Millington Md

Edgar L. Lane

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12093

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 280-251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Stevens Corner; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington R.F.D.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Ethel (Last) Coffman

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Mch 15 1898

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Peter Shields

14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT: Geo. L. Coffman (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burned to death

Antecedent cause(s) (b) Her home burned & she was trapped in house & died in the flames.

916.0 180 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ✓ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)

PLACE (Home, ~~farm, factory, street,~~ OF office bldg., etc.) INJURY (CITY OR TOWN) Millington R.F.D. (COUNTY) Queen Anne (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Home burned

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Henry Fisher M.D. Deputy Med Exam for Q.A. Co. Md

ADDRESS Centreville Md

DATE SIGNED 12-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Dec. 10, 1949

NAME OF CEMETERY OR CREMATORY Hebdens Cemetery

LOCATION (City, town, or county) near Millington (State) Md.

DATE REC'D BY LOCAL REG. Dec. 8, 1949

REGISTRAR'S SIGNATURE Edward Fellows

24. FUNERAL DIRECTOR Edward Fellows

ADDRESS Millington Md

Edgar L. Lane

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12094

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Church Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) SYDNEY (Middle) USILTON (Last) COLE

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1949

5. SEX: Fem

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 10-1869

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George R. Reid

14. MOTHER'S MAIDEN NAME: Frances Usilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Raymond Younger - Church Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Stroke — 24 hrs

Antecedent cause(s) (b) Chr. Cardiovascular Disease — Several years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) —

422.1 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Nov 5, 1949, to Nov 13, 1949 that I last saw the deceased alive on Nov 13, 1949 and that death occurred at 5-15 A.m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton — (Degree or title) M.D. — ADDRESS Millington Md — DATE SIGNED 12/17/49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE Dec. 17-1949 — NAME OF CEMETERY OR CREMATORY Chester — LOCATION (City, town, or county) Chestertown — (State) Md.

DATE REC'D BY LOCAL REG. Dec. 19. 1949 — REGISTRAR'S SIGNATURE Edgar L. Lane — 24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill

VS. A15

RECEIVED
JAN 26 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12095

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.)

VS. A15

1. PLACE OF DEATH
COUNTY Queen Anne — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville Rural I/p
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
STREET ADDRESS (If rural, give location) Rural.

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) (Last) Huston

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Aug 28 1949

9. AGE last birthday yrs. | If under 1 year: Months. 3 | Days 17 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Leonard Huston

14. MOTHER'S MAIDEN NAME: Nettie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Nettie Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 Immediate cause (a) Probable bronchopneumonia — | Interval between onset and death: 1 week

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-11, 1949, to 12-12, 1949, that I last saw the deceased alive on 12-11, 1949, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE Robert Ward | (Degree or title) M.D. | ADDRESS Chestertown, Md | DATE SIGNED 12-12-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Dec. 13 | NAME OF CEMETERY OR CREMATORY Bethel | LOCATION (City, town, or county) Ingleside | (State) Md.

DATE REC'D BY LOCAL REG. 12-12-49 | REGISTRAR'S SIGNATURE Edgar L. Kane | 24. FUNERAL DIRECTOR Edgar L. Kane | ADDRESS Church Hill

RECEIVED
DEC 22 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12096

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Chicago Ill. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 701 Michigan Ave Chicago Ill

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Virginia (Last) Robinson
4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 194

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white		March 1-1889	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Records Int Rod.	U.S. Govt.	Dorchester Co. Md	U.S.A.

13. FATHER'S NAME: Hanby Robinson
14. MOTHER'S MAIDEN NAME: Cora A. Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. NONE
17. INFORMANT: Melvin Robinson (bro.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Struck by auto - Fractured skull broken neck - fracture both arms & right leg	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) leg	
	(c)	

812.5
170.6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street	(CITY OR TOWN)	(COUNTY)	(STATE)
		Centreville	Queen Anne's	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Dec 27 1949 5:30 p.m.		Struck by auto while walking on highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Hewry Fisher	M.D. Asst Med Exam	Centreville Md	12/28/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Dec 29-49	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/28/49	Elsie Armstrong	Barton Bros	Centreville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 12097

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville | LENGTH OF STAY (in this place) 32yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emily (Middle) Virginia (Last) Straughn

4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 15-1868

9. AGE last birthday: 81 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Nr Sudlersville - Q.A.Co - Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fletcher Straughn

14. MOTHER'S MAIDEN NAME: Mary J. Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Harry Wells - Church Hill - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Hemiplegia

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

422.2
93d

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1940, to Dec 11, 1949, that I last saw the deceased alive on Dec 10, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE C M Whitcomb (Degree or title) M D ADDRESS Sudlersville Md DATE SIGNED 12/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE Dec 13-49 | NAME OF CEMETERY OR CREMATORY Sudlersville | LOCATION (City, town, or county) Sudlersville (State) Maryland

DATE REC'D BY LOCAL REG. 12-13-49 | REGISTRAR'S SIGNATURE Edgar L. Kane

24. FUNERAL DIRECTOR Barton Bros. Centreville Md ADDRESS

RECEIVED
DEC 22 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12098

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Stevensville R.D.a, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural give location) Md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BERTHA	ELIZ	WHITE	Dec	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	Jan 10 - 1875	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	✓	Stevensville Md	U.S.A.

13. FATHER'S NAME James Clinton Jones
14. MOTHER'S MAIDEN NAME Eliz Carroll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Clinton White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Dec. 4. 1949.
Antecedent cause(s) 420.1	(b) myocardial degeneration	about one year
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131 a	(c) Arteriosclerosis general and coronary arteries	About 4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	nephro - sclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
✓	✓	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
✓	✓			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
✓ m.		✓

22. I hereby certify that I attended the deceased from March 2, 1949, to Dec. 12, 1949, that I last saw the deceased alive on Dec. 11, 1949, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodor Battelmann, M.D. ADDRESS Stevensville, Md. DATE SIGNED Dec. 13. 1949.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-14-49	Stevensville Md	Stevensville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 15	Elizabeth Hopkins	Edgar L Jones	Church Hill Md

RECEIVED
DEC 22 1949
BUREAU V. S.